

It's really talk about \$120 million in deceptive ads to fight health care. They are spending over \$1 million a day on ads to defeat H.R. 3200.

I hope that the Members of the House of Representatives will remember people like Thomas here or like Tatum or these families who play by the rules, work hard, pay their premiums, and, when they get sick, are abandoned by the health insurance industry. That's why we need health insurance reform in this country. That's just one of the many reasons.

It's one of the reasons why we hope to have a bill on the floor later this month or early in November so we can vote on this.

We have to bring back some sanity to this health insurance industry. We have got to end their abusive practices, and we must make sure that all Americans and their businesses are secure, not only in their health security but also financially secure as they try to do the right thing, play by the rules, work hard, pay their insurance. Let's make sure there is coverage for them when they get sick.

Mr. WAXMAN. Mr. Speaker, the premise of health insurance is that if you buy a policy, and then get sick, your insurance company will protect you.

But what we heard at the committee's hearing last week on underinsurance—and what we have been hearing throughout our investigations of the private insurance industry—is that that is not how the system works. In reality, we have learned, private health insurance companies have become expert at collecting premiums and then, denying claims.

Our witnesses on Thursday were normal people who had done the right thing and had bought health insurance. But each of them found that, when they needed coverage the most, their policies came up short.

We heard from Nathan Wilkes, who had an insurance plan through his employer. Then, his son, Thomas, was born with hemophilia, an expensive and life-long blood-clotting disorder. Thomas is six years old now, and thankfully, his condition is well-managed. But, he has already exceeded the million-dollar lifetime caps of two separate insurance plans, and the Wilkes' current plan has a \$6 million cap that Thomas is sure to meet soon. As Mr. Wilkes put it, the insurance companies have turned the hourglass over on Thomas again—this time with just a little more sand.

Catherine Howard testified about how, as a healthy 29-year-old, she bought a basic policy that she thought would protect her if she fell while snowboarding. When it was discovered that she had breast cancer, Ms. Howard found out that her plan asked her to pay 30% of the cost of treatments, like radiation, that she needed to survive. Though she feels lucky to be alive, Ms. Howard's coinsurance payments put her into deep debt that she continues to pay off to this day.

David Null bought what he thought was a catastrophic coverage plan. But when catastrophe struck—and his daughter, Tatum, needed a liver transplant—he found out that the plan had a lifetime cap of \$25,000. The Nulls were saved from crushing medical bills only after Mr. Null's small company turned away business so that the family's income was low

enough to qualify for Medicaid, which covered the surgery retroactively.

These stories are not unique. In 2007, there were 25 million underinsured Americans, up 60% from 2003. Underinsurance often causes debilitating medical debts, and a recent study found that 62% of all personal bankruptcies are medically related.

In recent years, insurance companies have been asking Americans to pay more, but are providing them with less. In the last decade, the average cost of a family's premium has risen 131%, but average wages have risen less than a third of that. At the same time, insurance companies are imposing more limits on what their policies will provide. Some policies, like the Nulls' or the Wilkes', have caps that limit the amount the insurer will pay in a lifetime, or a year. Other policies have expensive co-insurance provisions, like Ms. Howard's, that overwhelm the policyholder.

And caps and coinsurance are just some of the problems people face in the private insurance market.

This past summer, our committee held a hearing on the health insurance companies' practice of rescission. This is when insurance companies attempt to cut costs by cancelling policies after people get sick and make claims. The companies go back through their policyholders' application forms, looking for any tiny mistake or omission for an excuse to cancel the policy and deny coverage.

Rescission is unconscionable because it cuts policyholders loose when they need coverage the most. But even worse, when we had insurance company executives sworn in before our committee, we asked them if they would commit to ending the practice of rescission except in cases where the policyholder had intentionally hidden a health condition. The executives refused to make that promise. I think that speaks to the insurance companies' motivations.

Just yesterday, we held a hearing on the small group insurance market. We found that insurance companies sometimes raise small businesses' premiums an astronomical amount—up to 250% in a year—based on factors like the ages and genders of employees, if a single employee had made a large claim the previous year, or if the business had too few employees.

What is so disappointing in our examination of these issues is that, even where small business owners want to do the right thing for their employees, and provide them with access to quality health care via insurance, industry practices and policies today punish their desire to provide proper benefits for their employees and their families. This is wrong, and this is why we need health insurance reform in America.

Indeed, what all of this shows is that the private insurance system is broken. The way insurance is supposed to work is for the insurance companies to spread risk among their policyholders so that, while most people will remain healthy and cost little, the company can pay when other policyholders get sick.

But schemes like rescission, preexisting condition exclusions, lifetime caps, and the way companies are gaming the small group market show that private insurers are not interested in spreading their risk. Rather, they want no risk at all. The companies are happy to insure healthy people who will pay premiums and make few claims, but they want to

exclude, rescind, or purge anyone whose health care costs they might actually have to cover.

Well, that's not how health care works.

The House reform bill, H.R. 3200, would restore the proper balance to the health care system. It would end rescission, preexisting condition exclusions, and lifetime caps. It would place limits on out-of-pocket costs and create a required basic set of benefits so that people know what they are signing up for, and so that they will get what they need. And it would prohibit the problems small businesses face in terms of discrimination based on gender and group size, and in terms of lack of choice.

At Thursday's hearing on underinsurance, Mr. Null told the committee that to him, the biggest tragedy that came out of his daughter Tatum's liver failure was not his family's resulting financial hardship. It was that, under the current system, Tatum's preexisting condition limits her future. He said, "When she asks me what she should be when she grows up, I can't tell her the same thing that you probably tell your kids. I can't tell her she can be anything she wants, and you guys need to fix that for me."

On Thursday, I looked at Tatum and told her that if we enact health care reform legislation, neither her future, nor anyone else's in America, will be hindered by an inability to get health insurance. Please join me in that promise.

GENERAL LEAVE

Mr. STUPAK. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan.

There was no objection.

REPUBLICAN ALTERNATIVES TO OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. BROUN) is recognized for 60 minutes.

Mr. BROUN of Georgia. Mr. Speaker, it is a pleasure to come and talk about health care tonight. I expect other physicians to come and discuss this extremely important issue to the American people.

We keep hearing over and over again from our Democratic colleagues that Republicans have no alternatives. Well, we have got a bunch of binders here. Each one of those contains a Republican alternative to ObamaCare that the Democrats are proposing.

As the staff brings these forward, every single folder is a Republican plan. Every single folder is a different Republican plan. Every single folder offers suggestions and solutions to the cost of health care for all Americans.

Almost every one of those folders, if not every one of them, we could get bipartisan agreement on, if any of these